The JFA Institute
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Conducting Justice and Corrections Research for Effective Policy Making

Travis Community Impact Supervision

Assessing Supervision Needs: A Profile of the Travis Probation Population

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Summary

The Travis County Community Supervision and Corrections Department (CSCD) in Austin, Texas (the county's adult probation department) has teamed up with *The JFA Institute* in a two-year effort to reengineer the operations of the department to support more effective supervision strategies. The goal is to strengthen probation by using an evidence-based practices (EBP) model.

The Travis County CSCD, the Community Justice Assistance Division of the Texas Department of Criminal Justice, and the Open Society Institute have provided funds to support the reengineering effort and use the department as an "incubator" site to develop, test and document organization-wide changes directed at improving assessment, supervision, sanctioning, personnel training and quality control policies. The Travis County CSCD is the fifth largest probation system in the state and, as such, has tremendous impact on the state probation system. The total number of offenders under some form of probation supervision in Travis County in FY 2005 was 22,827.

In this reengineering effort, *The JFA Institute* provides research, technical assistance in managing organizational changes and documents the efforts working with the department. Dr. Tony Fabelo is directing the project on behalf of *The JFA Institute*. Dr. Geraldine Nagy, the Director of the Travis County probation department, is directing the overall reform effort in conjunction with senior management staff of the department. The effort is supported by Travis County criminal law judges, the county and district attorneys and the Travis County Community Justice Council.

This is the fourth incubator site report. The first report in January 2006 provided a context for understanding the importance of having an incubator site that can be used to develop a successful approach for implementing organization-wide evidence-based practices. The second report reviewed the changes in the probation department diagnosis process and its importance in improving supervision strategies. The third report reviewed the use of risk assessments as part of the diagnosis process and presented the results of a study designed to validate the risk assessment tool for the Travis County probation population.

This report reviews the results of research conducted to determine the supervision needs of the Travis County probation population. The research was based on the assessment of offenders placed on probation for a one month period using the Strategies for Case Supervision (SCS) assessment tool. The SCS is used to assess offender characteristics to determine the supervision strategy best suitable to supervise them. The SCS results are integrated into one axis of the new diagnosis matrix with the other axis considering risk. The study was done to test the protocols for conducting the SCS assessment and for collecting the data necessary to determine the profile of the population along the diagnosis matrix.

I. Introduction

The Travis County Community Supervision and Corrections Department (CSCD) in Austin, Texas (the county's adult probation department) has teamed up with *The JFA Institute* in a two-year effort to reengineer the operations of the department to support more effective supervision strategies. The goal is to strengthen probation by using an evidence-based practices (EBP) model. This realignment strategy is called the Travis Community Impact Supervision (TCIS). This name was chosen to purposely distinguish this agency-wide effort from departments in Texas and around the country that have implemented limited components of an evidence-based approach but have not been able to implement or sustain evidence-based principles throughout the organization.

The Travis County CSCD, the Community Justice Assistance Division of the Texas Department of Criminal Justice, and the Open Society Institute have provided funds to support the reengineering effort and use the department as an "incubator" site to develop, test and document organization-wide changes directed at improving assessment, supervision, sanctioning, personnel training and quality control policies. The Travis County CSCD is the fifth largest probation system in the state and, as such, has tremendous impact on the state probation system. The total number of offenders under some form of probation supervision in Travis County in FY 2005 was 22,827.

In this reengineering effort, *The JFA Institute* provides research, technical assistance in managing organizational changes and documents the efforts working with the department. Dr. Tony Fabelo is directing the project on behalf of *The JFA Institute*. Dr. Geraldine Nagy, the Director of the Travis County probation department, is directing the overall reform effort in conjunction with senior management staff of the department. The effort is supported by Travis County criminal law judges, the county and district attorneys and the Travis County Community Justice Council.

This is the fourth incubator site report. The first report, in January 2006, provided a context for understanding the importance of having an incubator site that can be used to develop a successful approach for implementing organization-wide evidence-based practices. The report discussed the "start-up" strategies that have been used to design the organization-wide changes and begin the implementation process. The incubator site effort was officially initiated in November 2005 when state and foundation funding started. [1]

The second report reviewed the strategies that were in the process of being implemented to strengthen probation assessment practices. This included: (a) the streamlining of assessment procedures and forms; (b) the integration into the diagnosis process of evidence based assessment tools (risk assessment and offender classification protocols); (c) the creation of a Diagnosis Report for court officials to use; (d) the organization of supervision strategies to match the assessment of offenders; and, (e) the creation of a Central Diagnosis Unit to consolidate all assessment work.[2] In late July 2006 the Central Diagnosis Unit and new diagnosis process and tools were

[1] Dr. Tony Fabelo and Dr. Geraldine Nagy, "Texas Community Impact Supervision: An Incubator Site to Improve Probation" *The JFA Institute*, Washington, DC/Austin, Texas. January 2006.
[2] Dr. Tony Fabelo and Dr. Geraldine Nagy, "Better Diagnosis: The First Step to Improve Probation Supervision Strategies" *The JFA Institute*, Washington, DC/Austin, Texas. June 2006.

approved for implementation with a consensus of all Travis County District Judges and support of the District and County Attorney's offices. Presently, an implementation plan is in place targeting January 2007 as the start date for the new diagnosis process and the opening of the Central Diagnosis Unit.

The third incubator report examined the importance of using risk assessment instruments to guide justice decisions. It examined the risk assessment instrument used in Travis County that will now become a key evidence-based tool integrated in to the new Diagnosis Matrix (as explained in detail in previous reports).[3] The report then reviewed the results of a study designed to validate the risk assessment instrument with the Travis County population. This was done by tracking the re-arrests and incarceration two years after probation placement of a large sample of probationers. The research showed that, in general, the risk assessment instrument score can distinguish well between low, medium and high risk felony and misdemeanant offenders.[4]

This report reviews the results of research conducted to determine the supervision needs profile of the Travis County probation population. The research was based on the assessment of offenders placed on probation for a one month period using the Strategies for Case Supervision (SCS) assessment tool. The SCS is used to assess offender characteristics to determine the supervision strategy best suitable to supervise them. The SCS results are integrated into one axis of the new diagnosis matrix with the other axis considering risk. The study was done to test the protocols for conducting the SCS assessment and for collecting the data necessary to determine the profile of the population along the diagnosis matrix.

II. Central Diagnosis Matrix

A. Overview of SCS

The second incubator report of June 2006 reviewed in detail the strategies behind the creation of a Central Diagnosis Unit in the probation department and the development of a Central Diagnosis Assessment Report. The two main assessment tools integrated in the Central Diagnosis Assessment Report are the Wisconsin Risk Assessment Instrument and the Strategies for Case Supervision (or SCS). As explained in more detail in the third incubator report, the risk assessment was developed in Wisconsin in the late 1970's and was adapted for use in the probation system in Texas. The instrument consists of eleven weighted-items that are associated with the risk of re-arrest and revocation. The scores for each item are added together with the sum placing offenders into a low, medium or high risk group. The validation of the instrument with the Travis County probation population indicates that the scores in the instrument can categorize offenders as low, medium and high risk with a high degree of accuracy.

[3] See what from now on in the report will be referred as "the second incubator" report: Dr. Tony Fabelo and Dr. Geraldine Nagy, "Better Diagnosis: The First Step to Improve Probation Supervision Strategies" *The JFA Institute*, Washington, DC/Austin, Texas. January 2006.
[4] See what from now on in the report will be referred as "the third incubator" report: Jason Bryl and Dr. Tony Fabelo, "Guiding Justice Decisions with Risk Assessment Instruments" *The JFA Institute*, Washington, DC/Austin, Texas. June 2006.

The second incubator report also discussed in detail the SCS instrument which is used to assess offender characteristics to determine the most effective supervision strategy. The SCS results are integrated into one axis of the new diagnosis matrix with the other axis considering risk. As was discussed before, the SCS has been constructed and validated exceeding "most standards for research and testing design." However, "the validity is highly dependent on the person administering the instrument. Therefore, certified instruction is required for its use."[5] This certified instruction is provided by trainers approved by TDCJ-CJAD and all officers in Travis County administering the SCS now and through the new diagnosis process in the future will be certified in the use of the instrument.

Figure 1 shows the Strategies for Case Supervision (SCS) categories color coded for use in the Travis County diagnosis process. The SCS protocol analyzes the offender along certain variables including offense, prior history, social needs and other criminogenic characteristics which provide the basis for also identifying the most effective supervision strategies. The specific strategy for an offender is the one that has been found to correlated best with potential success.

Figure 1: Supervision Case Strategies (SCS) Categories, Summary Description

SIS – Pro-social, stable lifestyle: offenders who need to get back on track through "Selective Intervention"

SIT – Pro-social but with skill deficit and/or substance abuse: offenders who need to get back on track through "Selective Intervention with Treatment" (like outpatient programs)

ES – Impulsive, lacks skills, easily led: offenders who need "Environmental Structure" (like job skill classes, role model type of interventions)

CC –Destructive thinking, low self esteem and emotional problems: offenders who need "Case Control" (like residential programs and cognitive programs)

LS –Criminal thinking, seeks power, thrills, money: offenders who need "Limit Setting" (like electronic monitoring, field contacts)

B. Diagnosis Matrix and Supervision Strategies

Figure 2 depicts the Diagnosis Matrix. As was discussed in the second incubator report, the matrix is a composite of risk levels on the vertical axis and SCS categories on the horizontal axis. The diagnosis process will lead to the identification of the offender into one of the squares in the grid, with certain segments of the matrix color-coded yellow, blue or red. In general, low risk offenders with a stable lifestyle (SIS), isolated

[5] Strategies for Case Supervision, Twelfth CJAD Edition, Revised January 2000.

treatment need (SIT), or some skill deficit (ES) will be placed in the "Yellow" category. Offenders who are classified mainly as medium risk, that have an isolated treatment need (SIT), are impulsive, lack skill and easily led (ES) and some that have destructive thinking, and multiple criminogenic needs (CC) will be placed in a "Blue" category. Offenders who are classified mainly as high risk, that are in any of the SCS categories, but in particular in the categories of having destructive thinking and multiple criminogenic needs (CC) or criminal thinking (LS) will be placed in a "Red" category.

Figure 2: Diagnosis Matrix Based on Risk and SCS Categories

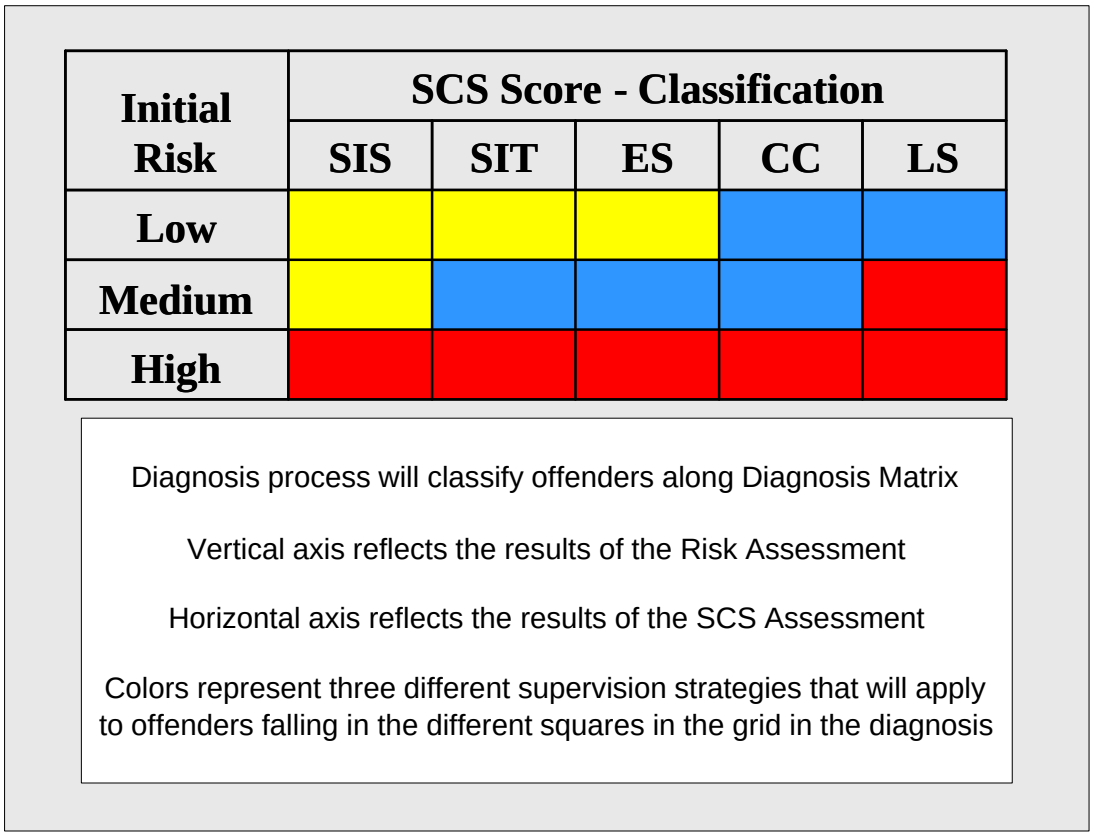


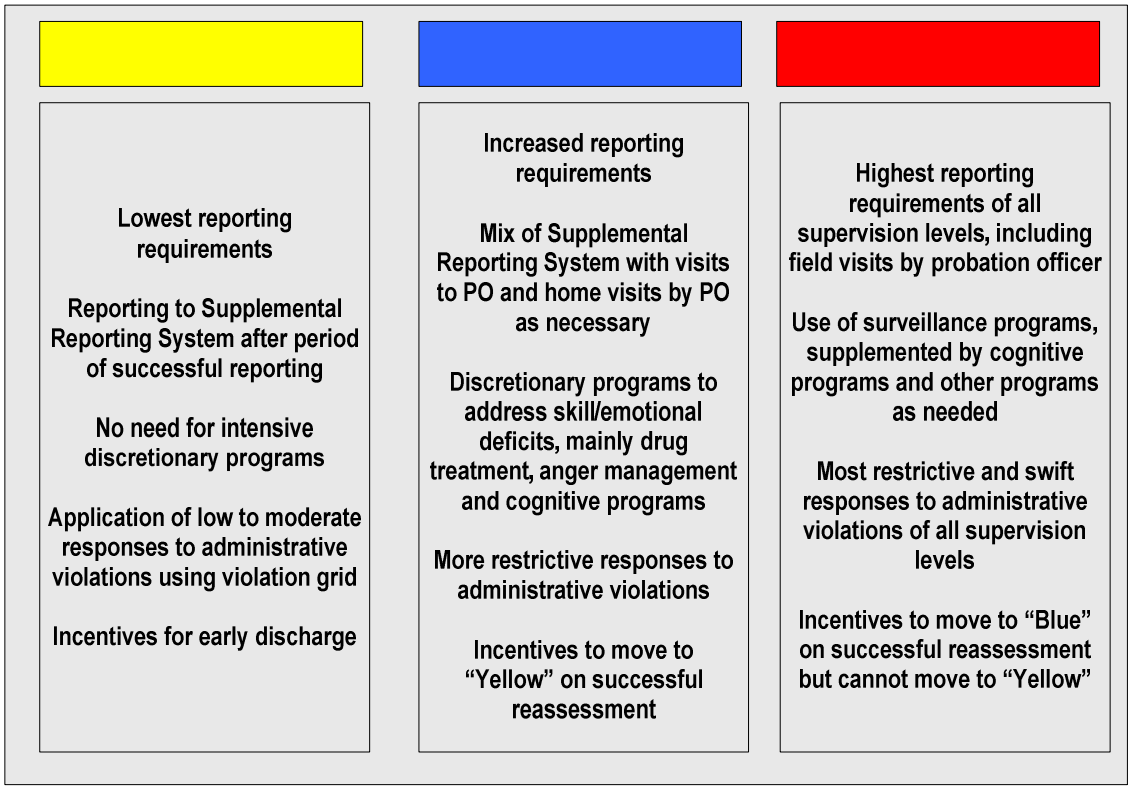
Figure 3 describes, in general, the supervision strategies that will apply to offenders in each color coded category. The development of the specific aspects of each supervision strategy is still under development but agreement has been reached on the general approach presented here. [6]

Supervision strategies will be developed to match the population along the same color-coding scheme and apply to the corresponding group of offenders. A "Yellow Supervision Strategy" will have the lowest reporting requirements. The "Blue Supervision Strategy" will have higher reporting requirements and use treatment programs such as drug treatment, anger management, and cognitive programs, to address behavioral or

[6] Incubator Site Facilitation Report, "Template to Guide Development of Supervision Strategies," January 9, 2006; "Conceptual Agreement to Start Development of Supervision Strategies Templates, " January 13, 2006. *The JFA Institute*, Washington, DC/Austin, Texas.

skill deficits. The "Red Supervision Strategy" will be the most restrictive, requiring a high number of contacts, field visits by probation officers, and surveillance techniques and, in some instances, intensive treatment options. The conditions of supervision will be tailored to each supervision classification, particularly the "special" conditions dealing with program participation. The idea is to have the usual conditions required by law, but to allow the department more flexibility in the handling of interventions by having a broadly defined set of special conditions. Finally, an inventory of programs available to the department will be conducted to clearly identify programs and distinguish them from "services" and "obligatory" classes. Department quality criteria will be developed to examine the major programs and certify that they meet certain standards that have been determined to be effective.

Figure 3: General Scheme for Supervision Strategies Matching Diagnosis Grid

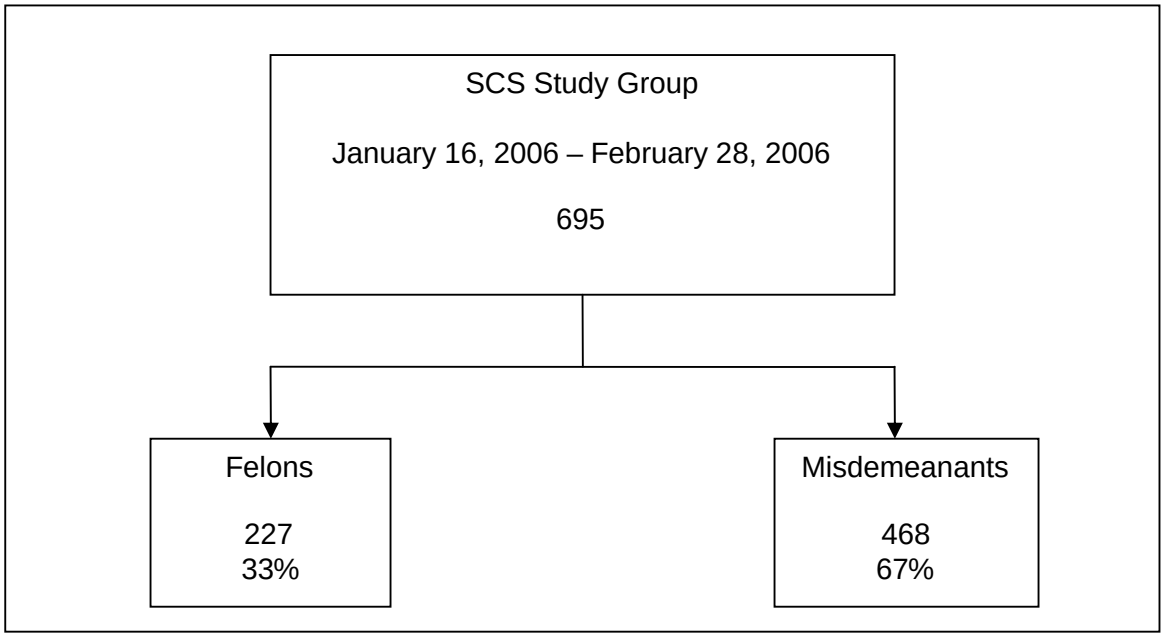


III. Overview of SCS Study

In early 2006, probation officers trained and certified in the SCS and risk assessment instrument were assigned to do assessments of all offenders placed on probation between January 16, 2006 and February 28, 2006. The idea was to collect information on a large sample of offenders admitted to the department within 6 weeks. The assumption was that these offenders would be representative of offenders placed on probation during the year. The assessment information was placed in the main computerized database of the department and the cases were flagged as "SCS pilot"

cases for the technical assistance team to analyze. A total of 695 offenders were assessed during this period. Figure 4 shows the distribution of offenders in the sample. As expected, most offenders placed on probation were misdemeanants (67%).

Figure 4: Offense Level Distribution of SCS Study Group



IV. Results of Study

A. Distribution by Specific SCS Category and Risk

Figure 5 shows the distribution of the sample by specific SCS category. Felons were likely to be classified in the red shades: 44% of the offenders in the CC and LS categories (offenders with multiple criminogenic needs and destructive or criminal thinking) compared to 17% for misdemeanants. On the other hand, misdemeanants were likely to be classified in the yellow or blue shades (83% vs. 56% for felons). These categories are offenders who are pro-social, have moderate treatment needs or need cognitive skills training.

Figure 5: Distribution of SCS Groups by Felons and Misdemeanants in SCS Study Group

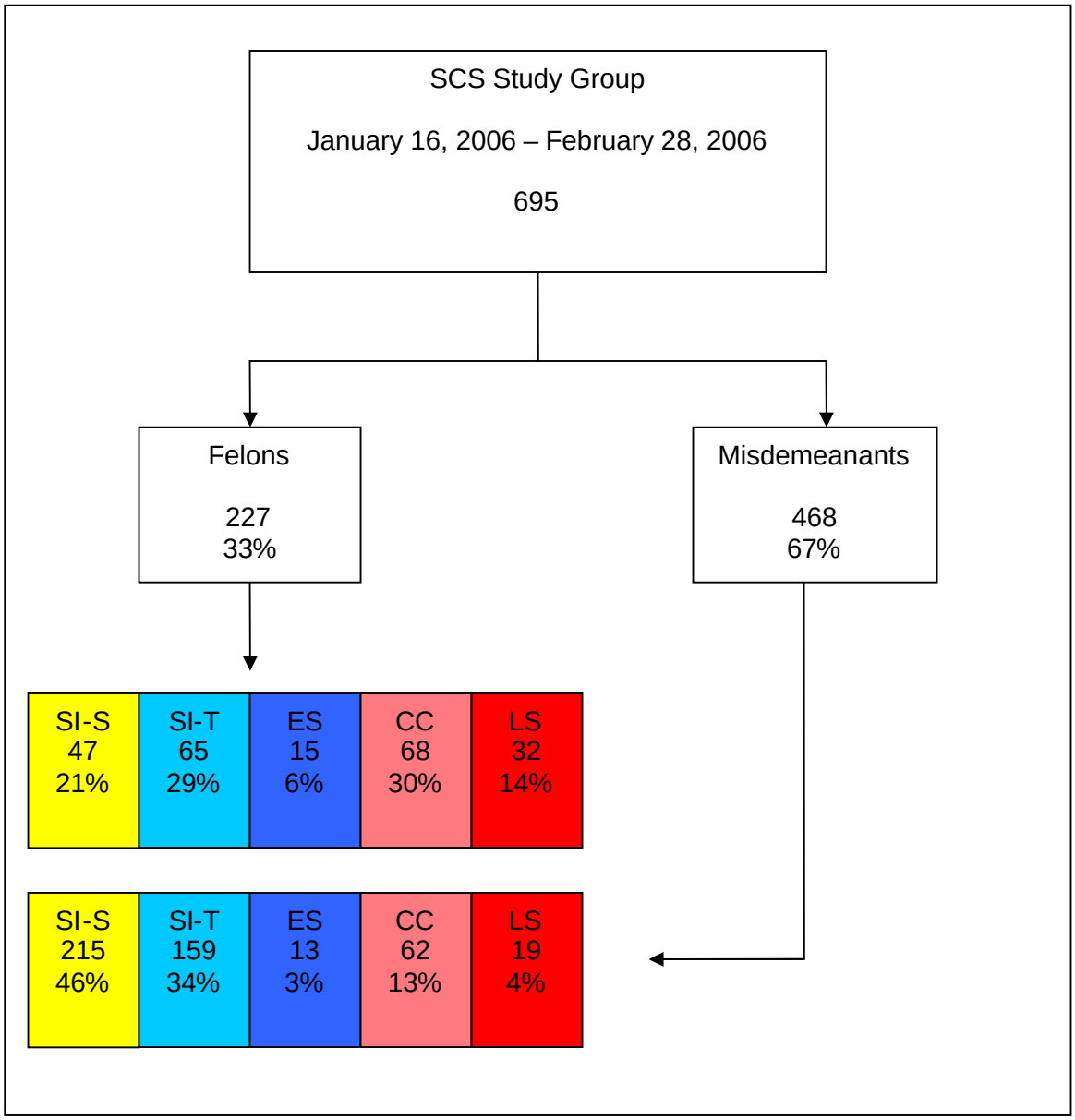
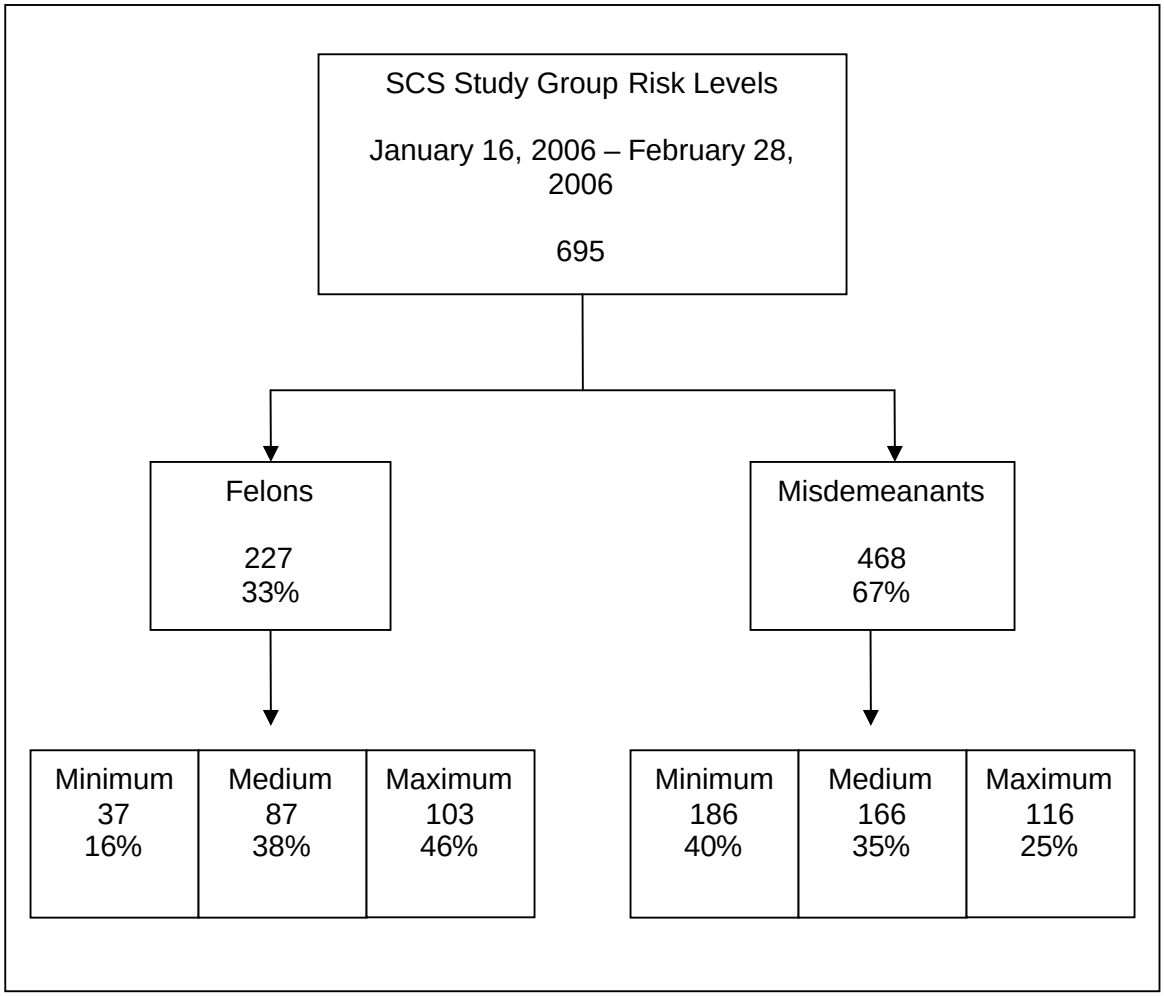


Figure 6 shows the distribution by risk levels using the results from the risk assessment for felons and misdemeanants. Almost half of all felons (46%) and one-quarter of all misdemeanants were classified as maximum risk. There is weak comparison data for other counties, but the data available through the TDCJ-CJAD division shows that the Travis probation population tends to be more risky. For example, 15% of the Harris County felony population was reported as maximum risk in the CJAD statistical reports of 2004.[7] Dallas reported 23% and Bexar 15%. For misdemeanants, Harris reported 4% as maximum risk, Dallas 9% and Bexar 11%.

Figure 6: Distribution of Risk Levels by Felons and Misdemeanants in SCS Study Group



[7] Texas Department of Criminal Justice, Community Justice Assistance Division, 2004 Statistical Tables, by county.

B. Distribution by Matrix Colors

Figure 7 shows the distribution by "Supervision Matrix Groups" for felons and misdemeanants in the study. Almost 50% of the felons were diagnosed in the "Red" category requiring the most stringent supervision and the lowest tolerance for violation of administrative rules. On the other hand, 56% of the misdemeanants were diagnosed in the "Yellow" category which will provide for selective intervention and more tolerance for violation of administrative rules. The present PSI process and the procedure of determining supervision strategies does not follow the process of the new diagnosis process, therefore, it is difficult to ascertain how the present supervision strategies match the population. In general, the feeling is that "Yellow" types of offenders are currently being over supervised and a portion of the "Red" types of offenders may be under supervised. This is examined later in the report.

Figure 7: Distribution by Supervision Matrix Groups for Felons and Misdemeanants in SCS Study Group

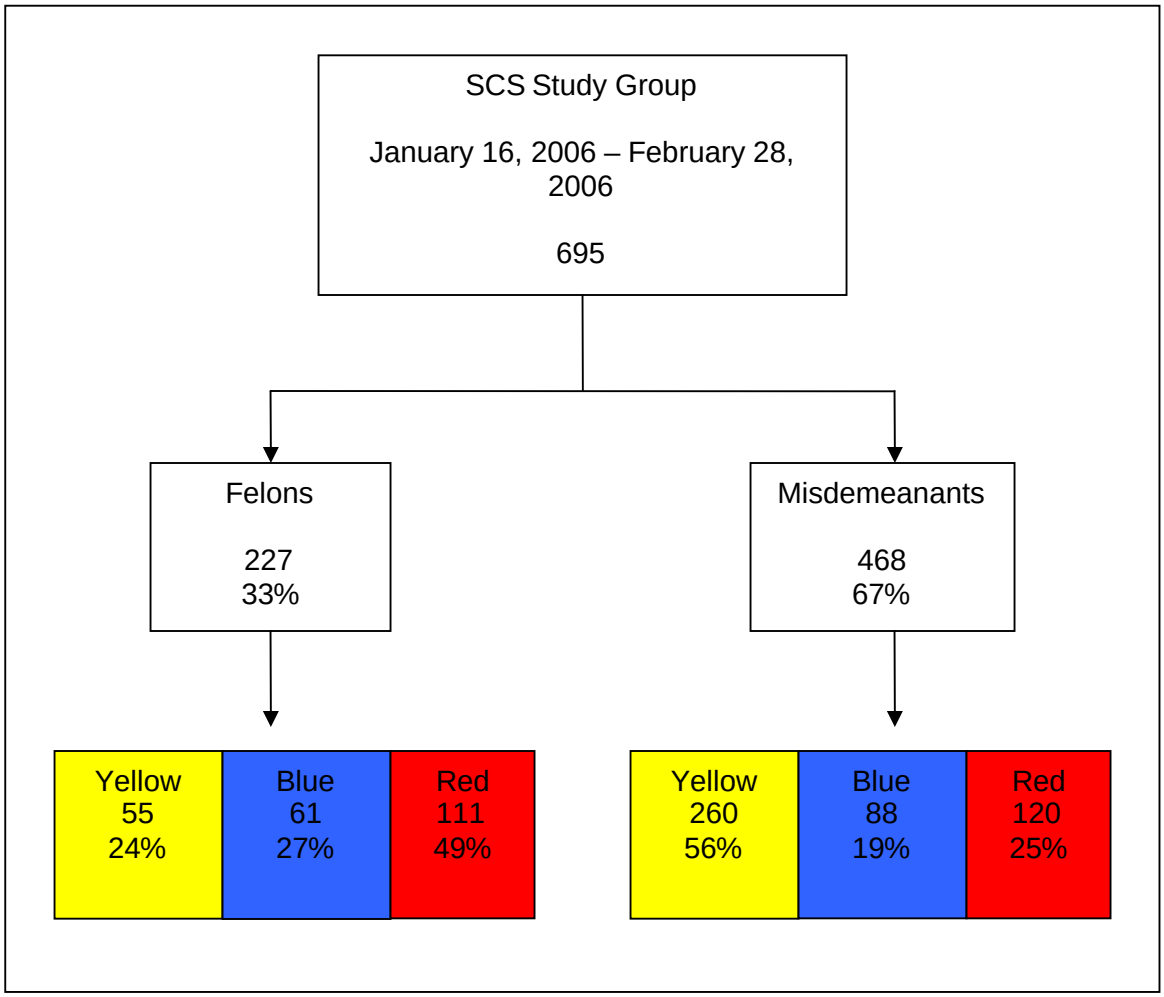


Table 1 shows the distribution of felony offenders by risk level and SCS category. Table 2 shows the same information for misdemeanant offenders. In general, the delineation of the color "boundaries" is sustained by the research as appropriate. As expected, most minimum risk offenders fall in the "Yellow" category (91%). Most medium risk felony offenders are in the SI-T and ES categories (45%), showing this population as being in the treatment and cognitive skill need category. Most maximum risk felony offenders are destructive or criminal "thinking" type of offenders as captured by the CC and LS categories (68%). Finally, the same pattern is shown for the classification of misdemeanant offenders. Almost all of the misdemeanant minimum risk offenders fall in the "Yellow" category (98%); most of the medium fall in the "Yellow" or "Blue" SI-T or ES categories (90%); and, over half of the maximum risk misdemeanant offenders fall in the most problematic CC and LS SCS categories.

Table 1: Distribution of Felony Offenders by Risk and SCS

	SI-S	SI-T	ES	CC	LS	Total
Minimum	**16**	**16**	**1**	**2**	**2**	37
	44%	**44%**	**3%**	**5.5%**	**5.5%**	100%
Medium	**22**	**33**	**6**	**18**	**8**	87
	25%	**38%**	**7%**	**21%**	**9%**	100%
Maximum	**9**	**16**	**8**	**48**	**22**	103
	9%	**15%**	**8%**	**47%**	**21%**	100%
Total	47	65	15	68	32	227

Table 2: Distribution of Misdemeanant Offenders by Risk and SCS

	SI-S	SI-T	ES	CC	LS	Total
Minimum	**119**	**64**	**0**	**3**	**0**	186
	64%	**34%**	**0%**	**2%**	**0%**	100%
Medium	**77**	**66**	**6**	**13**	**4**	166
	46%	**40%**	**4%**	**8%**	**2%**	100%
Maximum	**19**	**29**	**7**	**46**	**15**	116
	16%	**25%**	**6%**	**40%**	**13%**	100%
Total	215	159	13	62	19	468

Table 3 shows the percentage of all felony offenders in each risk and SCS group. Table 4 shows the same information for all misdemeanant offenders. As can be expected, a higher percentage of the felons fall in the most problematic "destructive" or "criminal" thinking type of maximum risk ("Red" CC and LS - 30.8%) compared to misdemeanants (13%). The reverse is true for the minimum risk "Yellow" category, with over half of the misdemeanants falling in this category (55.5%) compared to almost one-fourth of the felons (24.3%). Overall, if you assume that offenders in the SI-T, ES, and CC, regardless of risk, are the ones that can benefit the most from treatment and cognitive type of interventions, then 65.1% of the felony offenders and 49.9% of misdemeanant offenders are in need of these programs.

It is the general feeling at this time by probation and judicial officials in Travis County that there is not enough adequate and quality program capacity to effectively intervene the offenders that need these programs. Although a comprehensive inventory of available programs in relation to the demand for programs is yet to be conducted with the new diagnosis information, a comparison of Travis and other urban counties indicates that there are significantly fewer treatment resources in Travis than other urban counties in Texas. The shortage in Travis makes it more difficult to effectively address the treatment needs of the probation population, particularly for those most at risk of re-offending. Comparing the 2004 risk data cited above with the current number of Community Corrections Facility (CCF) beds in Travis County, only 3% of the high-risk offenders in Travis County have access to a CCF bed, whereas 9% in Dallas, 21% in Bexar, 23% in Harris and 25% of high-risk offenders in El Paso have access to CCF beds.

Table 3: Percentage of All Felony Offenders in Each Risk/SCS Group

	SI-S	SI-T	ES	CC	LS
Minimum	7.1%	7.1%	.4%	.9%	.9%
Medium	9.7%	14.5%	2.6%	7.9%	3.5%
Maximum	4.0%	7.1%	3.5%	21.1%	9.7%

Table 4: Percentage of All Misdemeanant Offenders in Each Risk/SCS Group

	SI-S	SI-T	ES	CC	LS
Minimum	25.4%	13.6%	0%	.6%	0%
Medium	16.5%	14.1%	1.3%	2.8%	.9%
Maximum	4.1%	6.2%	1.5%	9.8%	3.2%

C. Distribution Offense, Gender and Age

Table 5 shows the distribution of felony offenders by offense category and SCS category. Table 6 shows the same information for all misdemeanant offenders. The offense category is based on the original offense committed by the offender for which they were placed on probation. The violent non-assault category contains offenses such as robbery and arson. The property category contains offenses such as burglary and theft. The drug category contains all offenses surrounding the possession, manufacturing, delivery, and/or sale of any illegal drug. The DWI category contains not only DWI offenses, but also other offenses commonly associated with a DWI offense including reckless driving and obstructing a highway passage. The 'other' category is a

catch-all category which contains offenses such as criminal mischief, evading arrest, and criminal trespassing. Finally, the assault category contains all offenses associated with bodily harm such as aggravated assault with a deadly weapon and injury to child with intent to cause bodily injury.

For felons, it is no surprise that most of the violent offenders (both violent non-assault and assault categories) fall into the SCS categories of CC and LS. 80% of the violent non-assault offenders fell into these SCS categories with 50% falling in the case control category. 60% of the assault offenders were either CC or LS, with 40% falling in the case control category. As public safety is one of the major tenants of the criminal justice system, supervision strategies for violent offenders falling in the CC or LS categories include residential programs and electronic monitoring. Felony property offenders are in all categories. The highest percentage of felony drug offenders fell in the selective intervention with treatment category (42%) while the highest percentage of felony DWI offenders fell in the case control category (42%). This follows as felony drug cases can be crimes such as first time possession of a controlled substance indicating a need for substance abuse treatment while felony DWI cases are usually repeat offenders who display a need for more restrictive measures. The highest percentage of offenders in the 'other' offense category fell in the least restrictive SCS category: selective intervention (41%). Many of the offenses falling in this category are low level felonies such as evading arrest and criminal mischief.

Table 5: Distribution of Offense by SCS Category for Felons

Offense Category	SI-S	SI-T	ES	CC	LS	Total
Violent non-assault	0	1	1	5	3	10
	0%	10%	10%	50%	30%	100%
Property	10	5	4	9	7	35
	29%	14%	11%	26%	20%	100%
Drug	13	36	7	23	8	87
	15%	42%	8%	26%	9%	100%
DWI	3	9	1	10	1	24
	12%	38%	4%	42%	4%	100%
Other	17	6	2	9	7	41
	41%	15%	5%	22%	17%	100%
Assault	4	8	0	12	6	30
	13%	27%	0%	40%	20%	100%
Total	47	65	15	68	32	227

The distribution of misdemeanant offenders displays a different picture from that of felons. While the number of cases in the violent non-assault category is too low to lead to any conclusions, the other categories show most offenders falling in to the SI-S and SI-T less restrictive categories. Misdemeanor property offenders tend to be in the SI-S category. These are pro-social first time offenders unlike felons. The highest percentage of misdemeanor drug offenders fell in the SI-T category indicating a need for

substance abuse treatment. Misdemeanor offenders in the DWI, 'other', and assault categories all had the highest percentage of their cases fall in the SI-S category.

Table 6: Distribution of Offense by SCS Category for Misdemeanants

Offense Category	SI-S	SI-T	ES	CC	LS	Total
Violent non-assault	0	1	0	0	0	1
	0%	100%	0%	0%	0%	100%
Property	7	2	5	3	0	17
	41%	12%	29%	18%	0%	100%
Drug	6	20	1	9	2	38
	16%	52%	3%	24%	5%	100%
DWI	160	106	4	21	3	294
	55%	36%	1%	7%	1%	100%
Other	20	8	1	10	3	42
	48%	19%	2%	24%	7%	100%
Assault	22	22	2	19	11	76
	29%	29%	3%	25%	14%	100%
Total	215	159	13	62	19	468

Gender issues are an increasingly important dynamic when dealing with criminal justice decisions. While males still account for the overwhelming number of crimes committed, it is undeniable that females are becoming more visibly present in the criminal justice system. Table 7 shows the distribution of offenders by supervision matrix group and gender. Males tend to be more disproportionate in the red supervision matrix group which requires the most stringent supervision and the lowest tolerance for violation of administrative rules.

Table 7: Supervision Matrix Groups by Gender

Supervision Matrix Group	Male	Female	Total
Yellow	239	76	315
	76%	24%	100%
Blue	117	32	149
	79%	21%	100%
Red	199	32	231
	86%	14%	100%
Total	555	140	695

The relationship between age and crime has been well documented with evidence showing that the older a person is, the less their propensity to commit crimes. Table 8 shows the distribution of offenders by supervision matrix group and age group. When compared to the Yellow and Blue supervision matrix groups, the Red group had the highest percentage of offenders between the ages of 17-24 (43%). When combining the first two age groups (as many studies on crime focus on offenders under the age of 35), the Red group again had the highest percentage of offenders between the ages of 17-34 (72%). Thus, the Red supervision matrix group tends to have younger offenders requiring a higher level of supervision while the Yellow and Blue groups have older offenders requiring a different, less intensive supervision strategy.

Table 8: Supervision Matrix Groups by Age Groups

Supervision Matrix Group	17-24	25-34	35-44	45+	Total
Yellow	84	133	73	25	315
	27%	42%	23%	8%	100%
Blue	55	43	20	31	149
	37%	29%	13%	21%	100%
Red	100	67	42	22	231
	43%	29%	18%	10%	100%
Total	239	243	135	78	695

D. Distribution along Supervision and Sentence

Table 9 shows the distribution of offenders by supervision matrix group and their assigned supervision level under the present policies of the department at the time of the study. As mentioned previously in this report, the department has been supervising low risk offenders at the medium supervision level. As can be seen, 31% of the offenders who fell in the Yellow supervision matrix group were supervised at the medium supervision level at the time of the study as opposed to the expected minimum supervision level. On the other hand, very few of the offenders classified as medium or high risk were supervised at a lower level. Of those that will be categorized as Blue under the new diagnosis matrix, 95% were supervised at the expected medium supervision level; 95% of those categorized as Red were supervised at the expected high supervision level. The small percentage of Blue cases supervised as minimum (5%) and the small percentage of Red cases supervised as medium (also at 5%) does not seem to constitute a significant percentage of cases departing from the expected medium and maximum supervision levels. Therefore, the major realignment of supervision contacts when the new system starts is to lower supervision for low risk offenders who are presently being supervised at the medium supervision level. This will free up some supervision resources for the higher level cases.

Table 9: Supervision Matrix Group by Assigned Supervision Level

Supervision Matrix Group	Minimum	Medium	Maximum	Total
Yellow	216	99	0	315
	69%	31%	0%	100%
Blue	7	142	0	149
	5%	95%	0%	100%
Red	0	12	219	231
	0%	5%	95%	100%
Total	223	253	219	695

Table 10 shows the distribution of offenders by supervision matrix group and supervision type. Some offenders require specialized caseloads due to circumstances such as mental health treatment needs, sex offender treatment needs, or substance abuse treatment needs. These are represented by SPC1, SPC2, and SPC3 respectively. Regardless of the supervision matrix group type, however, the overwhelming number of offenders is supervised on a regular caseload. In response to this analysis, the department has already instituted low-risk and high-risk caseloads under the umbrella of regular supervision. Once the new diagnosis process is implemented, the matrix will be used to assign appropriate offenders to these caseloads upon placement on probation.

Table 10: Supervision Matrix Group by Supervision Type

Supervision Matrix Group	Regular Caseload	SPC1	SPC2	SPC3	Total
Yellow	310	1	3	1	315
	98.4%	.3%	1.0%	.3%	100%
Blue	137	7	1	4	149
	91.9%	4.7%	.7%	2.7%	100%
Red	203	6	6	16	231
	87.9%	2.6%	2.6%	6.9%	100%
Total	650	14	10	21	695

Table 11 shows the distribution of offenders by supervision matrix group and sentence length. The current sentence lengths, given without the benefit of the new diagnosis, seem to match quite well with the matrix colors. Most of the offenders in the Yellow group (63%), the supervision group with the lowest reporting requirements and presumably lower risk offenders, had sentence lengths of 18 months or less. Sentence lengths for offenders in the Blue and Red matrix groups were longer than those in the Yellow group. While there is no distinction between the Blue and Red groups when looking at sentences of 19 months or more (both had 66%), offenders falling in the Red group – those requiring a high number of contacts, field visits by probation officers, and

surveillance techniques – had the highest percentage of sentences of more than 24 months (45%).

Table 11: Supervision Matrix Groups by Sentence

Supervision Matrix Group	12 Months or Less	13-18 Months	19-24 Months	25+ Months	Total
Yellow	63	136	66	50	315
	20%	43%	21%	16%	100%
Blue	26	25	43	55	149
	17%	17%	29%	37%	100%
Red	49	30	48	104	231
	21%	13%	21%	45%	100%
Total	138	191	157	209	695

V. Conclusion

This report reviewed the results of research conducted to determine the supervision needs of the Travis County probation population. The research was based on the assessment of offenders placed on probation for a one month period using the Strategies for Case Supervision (SCS) assessment tool. The SCS is used to assess offender characteristics to determine the supervision strategy best suitable to supervise them. The SCS results are integrated in to one axis of the new diagnosis matrix with the other axis considering risk. The study was done to test the protocols for conducting the SCS assessment and for collecting the data necessary to determine the profile of the population along the diagnosis matrix.

The study showed that a higher percentage of the felons fall in the most problematic "destructive" or "criminal" thinking type of maximum risk ("Red" CC and LS - 30.8%) compared to misdemeanants (13%). The reverse is true for the minimum risk "Yellow" category, with over half of the misdemeanants falling in this category (55.5%) compared to almost one-fourth of the felons (24.3%). Overall, if you assume that offenders in the SI-T, ES, and CC, regardless of risk, are the ones that can benefit the most from treatment and cognitive type of interventions, then 65.1% of the felony offenders and 49.9% of misdemeanant offenders are in need of these programs. Although an inventory of available programs in relation to the demand for programs is yet to be conducted with the new diagnosis information, the general feeling at this time by probation and judicial officials in Travis County is that there is not enough adequate and quality program capacity to effectively intervene the offenders that need these programs. Travis also have a disproportionate low number of Community Corrections Facility beds relative to the high-risk populations of other Texas urban counties.

The present PSI process and the procedure of determining supervision strategies does not follow the process of the new diagnosis process, therefore, it is difficult to ascertain how the present supervision strategies match the population. In general, the feeling is

that “Yellow” types of offenders are currently being over supervised. Therefore, the major realignment of supervision contacts when the new system starts is to lower supervision for low risk offenders who are presently being supervised at the medium supervision level. This will free up some supervision resources for the higher level cases.

The next step in the reform process includes the realignment of supervision and practices to match the diagnosis of the population. As this process is implemented, further evaluations will be conducted to try to determine the best match between diagnosis results and supervision practices.